

**Composite Exhibit "B"**

## Chronic Care Clinic

### Date:

02/02/2021

### Did patient refuse or not show up for Chronic Clinic appointment:

☒ Patient is Present

### Type(s) of Chronic Care Clinic(s):

☒ Diabetes ☒ HTN/Cardiac

#### Type of Diabetes:

☒ Non Insulin Dependent (NIDDM)

#### Diabetes Severity:

☒ Mild

### Allergies:

NO KNOWN DRUG ALLERGY

### Current Medications:

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2021-02-02--2022-02-01  
 LISINOPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2021-02-02--2022-02-01  
 METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2021-02-02--2022-02-01

### Additional Information:

NO ANSWER PROVIDED

## Subjective

### History of Present Illness/Injuries:

The patient presents to the CCC for routine check on dm and htn. He reports medication compliance and denies unwanted side effects. Denies questions or concerns at this time.

## Review of Systems

### General:

☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change

### Additional Comments on General Review:

NO ANSWER PROVIDED

### Skin:

☒ No Dryness ☒ No Ulcer ☒ No Rash ☒ No Itching ☒ No Skin Breaks

### Additional Comments on Skin Review:

NO ANSWER PROVIDED

### Eyes:

NO ANSWER PROVIDED

## Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: MUNGUIA, URBISIO

Patient Number: 33922-479

Location: F04-12L

DOB: 9/25/1973

Facility: GILES W. DALBY CORR FACILITY

Electronically Signed By URBINA, JENNIFER MARIE on 02/02/2021 18:01:23

**Hematologic:**

NO ANSWER PROVIDED

**Additional Comments on Hematologic Review:**

NO ANSWER PROVIDED

**Endocrine:**

NO ANSWER PROVIDED

**Additional Comments on Endocrine Review:**

NO ANSWER PROVIDED

**Objective**

**Did patient refuse vitals:**

☒ No vitals Refused

**Vital Signs**

**Pulse Rate:**

70

**Blood Pressure:**

131/90

**O2 Sat:**

96

**Respiratory Rate:**

18

**Weight:**

275

**Temperature:**

97.0

**BP Recheck (if needed)**

**Blood Pressure Recheck #1:**

NO ANSWER PROVIDED

**Time of Recheck #1:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #2:**

NO ANSWER PROVIDED

**Time of Recheck #2:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #3:**

NO ANSWER PROVIDED

**Time of Recheck #3:**

NO ANSWER PROVIDED

**Height:**

5-10

**BMI:**

38.31

Foot Exam every 3 months if abnormal

**Diabetes Comprehensive Foot Exam:**

☒ Foot Exam not needed at this time (already scheduled for exam)

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE on 11/11/2020 16:12:33

# Chronic Care Clinic

## Date:

08/19/2020

## Did patient refuse or not show up for Chronic Clinic appointment:

☒ Patient is Present

## Type(s) of Chronic Care Clinic(s):

☒ Diabetes ☒ HTN/Cardiac

### Type of Diabetes:

☒ Non Insulin Dependent (NIDDM)

### Diabetes Severity:

☒ Mild

## Allergies:

NO KNOWN DRUG ALLERGY

## Current Medications:

AMOX/CLAV 875MG/125MG TAB -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-08-19--2020-09-02  
 ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2020-02-08--2021-02-06  
 CARBAMIDE PERX 6.5% OTIC -- [INSTILL 3 DROP(S) INTO EACH EAR IN THE EVENING (TX)] -- 2020-08-20--2020-08-24  
 KETOROLAC 60MG/2ML SYRING -- [INJECT 60 MILLIGRAM(S) INTRA-MUSCULARLY ONCE DAILY (TX)] -- 2020-08-19--2020-08-20  
 LISINOPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06  
 METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06

## Additional Information:

NO ANSWER PROVIDED

## Subjective

### History of Present Illness/Innesses:

The patient presents to the CCC for routine check on htn and diabetes. He reports medication compliance and denies unwanted side effects. He feels better since recovering from covid but still feels tired sometimes. Denies headache, chest pain or SOB at this time. He has noticed his right tonsils were starting to hurt.

## Review of Systems

### General:

☒ No Fever ☒ No Weakness ☒ No Recent Weight Change

### Additional Comments on General Review:

tires easily but has recently recovered from covid

### Skin:

☒ No Dryness ☒ No Ulcer ☒ No Rash ☒ No Itching ☒ No Skin Breaks

### Additional Comments on Skin Review:

NO ANSWER PROVIDED

## Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: MUNGUIA, URBISIO

Patient Number: 33922-479

Location: F04-12L

DOB: 9/25/1973

Facility: GILES W. DALBY CORR FACILITY

Electronically Signed By URBINA, JENNIFER MARIE on 08/19/2020  
 18:19:24

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 2/6/2020 5:43:18 PM

2/6/2020  
5:43:18 PM

11/14/2019

5/3/2020

2/3/2020

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 20mg Tablet (PRINIVIL) - KOP DISCONTINUED - 2/2/2021 6:56:38 PM

2/2/2021  
6:56:38 PM

2/8/2020

2/6/2021

1/11/2021

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 2/2/2021 6:56:53 PM

2/2/2021  
6:56:53 PM

2/8/2020

2/6/2021

1/11/2021

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 2/2/2021 6:56:18 PM

2/2/2021  
6:56:18 PM

2/8/2020

2/6/2021

1/11/2021

REDDICK, JACOB

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

Ibuprofen 200mg Tablet (ADVIL) DISCONTINUED - 7/9/2020 11:27:12 AM

7/9/2020  
11:27:12 AM

7/6/2020

7/13/2020

7/9/2020

FLORES, ALEXANDRIA K

TAKE 3 TABLET(S) ORALLY TWICE DAILY

Chlorpheniramine 4mg Tab (CHLOR-TRIMETON) DISCONTINUED - 7/9/2020 2:23:45 PM

7/9/2020  
2:23:45 PM

7/6/2020

7/11/2020

7/9/2020

FLORES, ALEXANDRIA K

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Acetaminophen 325mg Tab (TYLENOL) DISCONTINUED - 7/22/2020 12:44:32 PM

7/22/2020  
12:44:32 PM

7/9/2020

7/22/2020

7/21/2020

URBINA, JENNIFER MARIE

TAKE 2 TABLET(S) ORALLY TWICE DAILY AS NEEDED

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 5/12/2021 11:51:07 AM

5/12/2021  
11:51:07 AM

2/5/2021

2/4/2022

5/5/2021

URBINA, JENNIFER MARIE

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

Lisinopril 20mg Tablet (PRINIVIL) - KOP DISCONTINUED - 5/12/2021 11:51:37 AM

5/12/2021  
11:51:37 AM

2/5/2021

2/4/2022

5/5/2021

URBINA, JENNIFER MARIE

TAKE 1 TABLET(S) ORALLY TWICE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 5/12/2021 11:51:54 AM

5/12/2021  
11:51:54 AM

2/5/2021

2/4/2022

5/5/2021

URBINA, JENNIFER MARIE

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Cephalexin 500mg Capsule (KEFLEX)

1/30/2019

2/9/2019

2/9/2019

FLORES, ALEXANDRIA K

TAKE 2 CAPSULES IN THE AM AND 1 CAPSULE IN THE PM X10 DAYS

## EHR Clinical Report

Facility: TXGW - GILES W. DALBY CORR FACILITY

Created By: TAYLOR, MADISON

Created On: 05/17/2021 1:49:05 PM

glipizIDE 10mg Tablet (GLUCOTROL) DISCONTINUED - 6/24/2019 2:55:36 PM

6/24/2019  
2:55:36 PM

5/3/2019

7/31/2019

6/2/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 40mg Tablet (PRINIVIL) DISCONTINUED - 6/24/2019 2:56:24 PM

6/24/2019  
2:56:24 PM

5/3/2019

7/31/2019

6/2/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) DISCONTINUED - 6/24/2019 2:56:54 PM

6/24/2019  
2:56:54 PM

5/3/2019

7/31/2019

6/2/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 20mg Tablet (PRINIVIL) - KOP DISCONTINUED - 11/6/2019 2:16:37 PM

11/6/2019  
2:16:37 PM

7/25/2019

11/21/2019

10/27/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 11/6/2019 2:15:46 PM

11/6/2019  
2:15:46 PM

7/25/2019

11/21/2019

10/27/2019

CORONA, RITA E

TAKE 1/2 TABLET(S) ORALLY TWICE DAILY

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 9/6/2019 1:33:40 PM

9/6/2019  
1:33:40 PM

9/1/2019

9/25/2019

CORONA, RITA E

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 11/14/2019 3:11:39 AM

11/14/2019  
3:11:39 AM

9/6/2019

3/3/2020

10/29/2019

CORONA, RITA E

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 11/14/2019 3:12:27 AM

11/14/2019  
3:12:27 AM

11/6/2019

5/3/2020

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 20mg Tablet (PRINIVIL) - KOP DISCONTINUED - 11/14/2019 3:07:39 AM

11/14/2019  
3:07:39 AM

11/6/2019

5/3/2020

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 20mg Tablet (PRINIVIL) - KOP DISCONTINUED - 2/6/2020 5:42:56 PM

2/6/2020  
5:42:56 PM

11/14/2019

5/3/2020

2/3/2020

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 2/6/2020 5:43:40 PM

2/6/2020  
5:43:40 PM

11/14/2019

5/3/2020

2/3/2020

REDDICK, JACOB

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

## EHR Clinical Report

Facility: TXGW - GILES W. DALBY CORR FACILITY

Created By: TAYLOR, MADISON

Created On: 05/17/2021 1:49:05 PM



Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP

5/14/2021

5/13/2022

REDDICK, JACOB

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

Lisinopril 20mg Tablet (PRINIVIL) - KOP

5/14/2021

5/13/2022

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP

5/14/2021

5/13/2022

REDDICK, JACOB

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Inactive

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 2/8/2019 4:33:53 PM

2/8/2019  
4:33:53 PM

1/16/2019

2/14/2019

1/18/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

glipiZIDE 10mg Tablet (GLUCOTROL) - KOP DISCONTINUED - 2/8/2019 4:33:53 PM

2/8/2019  
4:33:53 PM

1/16/2019

2/14/2019

1/18/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 40mg Tablet (PRINIVIL) - KOP DISCONTINUED - 2/8/2019 4:33:53 PM

2/8/2019  
4:33:53 PM

1/16/2019

2/14/2019

1/18/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 2/8/2019 4:33:53 PM

2/8/2019  
4:33:53 PM

1/16/2019

2/14/2019

1/18/2019

CORONA, RITA E

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP DISCONTINUED - 5/3/2019 10:28:27 AM

5/3/2019  
10:28:27 AM

2/8/2019

5/8/2019

4/9/2019

CORONA, RITA E

CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY

glipiZIDE 10mg Tablet (GLUCOTROL) - KOP DISCONTINUED - 5/3/2019 10:28:28 AM

5/3/2019  
10:28:28 AM

2/8/2019

5/8/2019

3/7/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Lisinopril 40mg Tablet (PRINIVIL) - KOP DISCONTINUED - 5/3/2019 10:28:28 AM

5/3/2019  
10:28:28 AM

2/8/2019

5/8/2019

3/7/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

metFORMIN 500mg Tablet (GLUCOPHAGE) - KOP DISCONTINUED - 5/3/2019 10:28:28 AM

5/3/2019  
10:28:28 AM

2/8/2019

5/8/2019

4/9/2019

CORONA, RITA E

TAKE 1 TABLET(S) ORALLY TWICE DAILY

## EHR Clinical Report

Facility: TXGW - GILES W. DALBY CORR FACILITY

Created By: TAYLOR, MADISON

Created On: 05/17/2021 1:49:05 PM

NO ANSWER PROVIDED

**Musculoskeletal:**

NO ANSWER PROVIDED

**Additional Musculoskeletal Exam Notes:**

NO ANSWER PROVIDED

**Neurologic:**

NO ANSWER PROVIDED

**Additional Neurologic Exam Notes:**

NO ANSWER PROVIDED

**Additional Findings:**

NO ANSWER PROVIDED

**Assessment**

**Diabetic Assessment (Diagnosis):**

Poorly controlled with A1C of 9.6 and worsening since last visit.

**HTN/Cardiac Assessment (Diagnosis):**

Well controled

**Additional Assessment (Diagnosis):**

NO ANSWER PROVIDED

**Degree of Control for Diabetes:**

☒ Poor (Diabetes)

**Degree of Control for HTN/Cardiac:**

☒ Good (HTN/Cardiac)

**Clinical Status of Diabetes:**

☒ Stable

**Clinical Status of HTN/Cardiac:**

☒ Stable

**Treatment Goal if BP greater than 140/90:**

NO ANSWER PROVIDED

**Plan**

**Diabetes Plan:**

Will add glipzide 5mg PO QD. recheck A1C and f.u in 90 days

continue metformin at same dose

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** REDDICK, JACOB on 05/13/2021 00:25:28



URBINA, JENNIFER MARIE

CHEW AND SWALLOW 2 TABLET(S) ORALLY TWICE DAILY AS NEEDED

**Problem List**

Problem Description	Start Date	Diagnosed By	Resolved By	Stop Date
MTC- DIAGNOSIS- (C19 - T PS C) - COVID - 19 Test Positive	8/11/2020	U- WATTS, LAURI		7/13/2020
ICD-10- (I10) - Essential (primary) hypertension	11/6/2019	U- REDDICK, JACOB		
MTC- DIAGNOSIS- (E11.9) - Type 2 diabetes mellitus without complications	11/6/2019	U- REDDICK, JACOB		

**Lab Result Summary**

Service	Provider	Collected Date	Result Date
Hemoglobin A1c	URBINA, J	05/06/2021 5:00A	05/08/2021 6:10A
Hemoglobin A1c	URBINA, J	02/11/2021 5:00A	02/12/2021 5:08A
Lipid Panel	URBINA, J	02/11/2021 5:00A	02/12/2021 5:08A
Result	URBINA, J	11/19/2020 5:00A	11/20/2020 20:08P
Urine Culture, Routine	URBINA, J	11/19/2020 5:00A	11/20/2020 20:08P
Albumin/Creatinine Ratio,Urine	URBINA, J	11/19/2020 5:00A	11/20/2020 11:11A
Urinalysis, Routine	URBINA, J	11/19/2020 5:00A	11/20/2020 5:08A
Hemoglobin A1c	URBINA, J	11/19/2020 5:00A	11/20/2020 4:07A
Hemoglobin A1c	REDDICK, J	07/28/2020 5:00A	07/29/2020 10:11A
TSH	REDDICK, J	07/28/2020 5:00A	07/29/2020 9:11A
Lipid Panel	REDDICK, J	07/28/2020 5:00A	07/29/2020 9:11A
Comp. Metabolic Panel (14)	REDDICK, J	07/28/2020 5:00A	07/29/2020 9:11A
CBC With Differential/Platelet	REDDICK, J	07/28/2020 5:00A	07/29/2020 9:11A
SARS-CoV-2, NAA	REDDICK, J	07/09/2020 11:29A	07/13/2020 4:04A

**Vitals Summary**

Vitals Type Desc	Vital Inforamtion	Recorded By	Date Taken
BODY TEMPERATURE	97.8 °F	REDDICK, JACOB	5/13/2021 12:25:28 AM
BODY TEMPERATURE	97.8 °F	CARMONA, MARIA	5/12/2021 10:42:00 AM
BODY TEMPERATURE	98.6 °F	FLORES, JIMMY	5/2/2021 4:01:46 AM
BODY TEMPERATURE	98.2 °F	URBINA, JENNIFER	4/19/2021 1:16:55 PM
BODY TEMPERATURE	96.5 °F	WAGNER, MARGARET	4/12/2021 7:25:18 PM
BODY TEMPERATURE	97.5 °F	URBINA, JENNIFER	2/2/2021 6:01:23 PM

**EHR Clinical Report**

Facility: TXGW - GILES W. DALBY CORR FACILITY

Created By: TAYLOR, MADISON

Created On: 05/17/2021 1:49:05 PM

## FINAL REPORT

DOCTOR	REDDICK, J 42169880   TXGW   GILES W. DALBY CORR FACILITY 805 NORTH AVENUE F  POST, TX 79356 Acct #:42169880  NPI: 1912317587	PATIENT	MUNGUIA, URBISIO  DOB:9/25/1973 SEX:M AGE:47 U/FL:F04 WING: ROOM: BED: 12L ID: 3176290 ALT ID: 33922-479	SAMPLE	Specimen ID: 19342301390  Report Date: 7/13/2020 4:04 Date Received: 7/11/2020 0:00 Date Observed: 7/9/2020 11:29

NOTES:

## CLINICAL INFORMATION

FASTING: N Total Volume: Source:

## CLINICAL REPORT

## Clinical Abnormalities Summary:

(May not contain all abnormal results; narrative results may not have abnormal flags. Please review entire report.)

SARS-CoV-2, NAA

A

SARS-CoV-2, NAA

Test	Result	Abnormal	Reference	Units	Status	Lab
SARS-CoV-2, NAA		Detected A	Not Detected		F	01
<p>Testing was performed using the Aptima SARS-CoV-2 assay.</p> <p>This test was developed and its performance characteristics determined by LabCorp Laboratories. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.</p> <p>When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. An individual without symptoms of COVID-19 and who is not shedding SARS-CoV-2 virus would expect to have a negative (not detected) result in this assay.</p>						

## PERFORMING LAB

01 - LabCorp Dallas, 7777 Forest Ln Bldg C350, DallasTX, 752302544 9725986000, MD, Etufugh, CN MD,

## PRELIMINARY REPORT

DOCTOR

REDDICK, J  
42169880 | TXGW | GILES W. DALBY  
CORR FACILITY  
805 NORTH AVENUE F  
POST, TX 79356  
Acct #:42169880  
NPI: 1912317587

PATIENT

MUNGUJA, URBISIO

DOB:9/25/1973  
SEX:M AGE:47  
U/FL:F04 WING:  
ROOM: BED: 12L  
ID: 3176290 ALT ID: 33922-479

SAMPLE

Specimen ID: 21016341940

Report Date: 7/29/2020 9:11  
Date Received: 7/29/2020 0:00  
Date Observed: 7/28/2020 5:00

NOTES:

## CLINICAL INFORMATION

FASTING: Y

Total Volume:

Source:

## CLINICAL REPORT

## Clinical Abnormalities Summary:

(May not contain all abnormal results; narrative results may not have abnormal flags.  
Please review entire report.)

Glucose	H	HDL Cholesterol	L	Lymphs (Absolute)	H
Triglycerides	H	WBC	H		

## CBC With Differential/Platelet

Test	Result	Abnormal	Reference	Units	Status	Lab
WBC		11.3 H	3.4-10.8	x10E3/uL	F	01
RBC	5.03		4.14-5.80	x10E6/uL	F	01
Hemoglobin	14.3		13.0-17.7	g/dL	F	01
Hematocrit	44.2		37.5-51.0	%	F	01
MCV	88		79-97	fL	F	01
MCH	28.4		26.6-33.0	pg	F	01
MCHC	32.4		31.5-35.7	g/dL	F	01
RDW	12.7		11.6-15.4	%	F	01
Platelets	270		150-450	x10E3/uL	F	01
Neutrophils	44		Not Estab.	%	F	01
Lymphs	45		Not Estab.	%	F	01
Monocytes	6		Not Estab.	%	F	01
Eos	4		Not Estab.	%	F	01
Basos	1		Not Estab.	%	F	01
Immature Cells					F	01
Neutrophils (Absolute)	5.0		1.4-7.0	x10E3/uL	F	01
Lymphs (Absolute)		5.2 H	0.7-3.1	x10E3/uL	F	01
Monocytes(Absolute)	0.6		0.1-0.9	x10E3/uL	F	01
Eos (Absolute)	0.4		0.0-0.4	x10E3/uL	F	01
Baso (Absolute)	0.1		0.0-0.2	x10E3/uL	F	01
Immature Granulocytes	0		Not Estab.	%	F	01
Immature Grans (Abs)	0.0		0.0-0.1	x10E3/uL	F	01
NRBC					F	01
Hematology Comments:					F	01

L = BELOW LOW NORMAL | LL = ALERT LOW | H = ABOVE HIGH NORMAL | HH = ALERT HIGH | < = PANIC LOW | > = PANIC HIGH | A = ABNORMAL |  
AA = CRITICAL ABNORMAL | S = SUSCEPTIBLE | R = RESISTANT | I = INTERMEDIATE | NEG = NEGATIVE | POS = POSITIVE

## FINAL REPORT

D O C T O R	REDDICK, J	P A T I E N T	MUNGUIA, URBISIO	S A M P L E	Specimen ID: 21016341940
	42169880   TXGW   GILES W. DALBY CORR FACILITY 805 NORTH AVENUE F		DOB: 9/25/1973		Report Date: 7/29/2020 10:11 Date Received: 7/29/2020 0:00 Date Observed: 7/28/2020 5:00
	POST, TX 79356 Acct #: 42169880		SEX: M      AGE: 47 U/FL: F04      WING:		
	NPI: 1912317587		ROOM:      BED: 12L ID: 3176290      ALT ID: 33922-479		

NOTES:

## CLINICAL INFORMATION

FASTING: Y      Total Volume:      Source:

## CLINICAL REPORT

## Clinical Abnormalities Summary:

(May not contain all abnormal results; narrative results may not have abnormal flags.  
Please review entire report.)

Hemoglobin A1c

H

## Hemoglobin A1c

Test	Result	Abnormal	Reference	Units	Status	Lab
Hemoglobin A1c		7.7 H	4.8-5.6	%	F	01
Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0						

## PERFORMING LAB

01 - LabCorp Dallas, 7777 Forest Ln Bldg C350, DallasTX, 752302544 9725986000, MD, Etufugh, CN MD,

## PRELIMINARY REPORT

DOCTOR

REDDICK, J  
42169880 | TXGW | GILES W. DALBY  
CORR FACILITY  
805 NORTH AVENUE F  
POST, TX 79356  
Acct #:42169880  
NPI: 1912317587

PATIENT

MUNGUIA, URBISIO  
DOB:9/25/1973  
SEX:M AGE:47  
U/FL:F04 WING:  
ROOM: BED: 12L  
ID: 3176290 ALT ID: 33922-479

SAMPLE

Specimen ID: 21016341940

Report Date: 7/29/2020 9:11  
Date Received: 7/29/2020 0:00  
Date Observed: 7/28/2020 5:00

## Comp. Metabolic Panel (14)

Test	Result	Abnormal	Reference	Units	Status	Lab
Glucose		132 H	65-99	mg/dL	F	01
BUN	14		6-24	mg/dL	F	01
Creatinine	0.97		0.76-1.27	mg/dL	F	01
eGFR If NonAfricn Am	93		>59	mL/min/1.73	F	01
eGFR If Africn Am	108		>59	mL/min/1.73	F	01
BUN/Creatinine Ratio	14		9-20		F	01
Sodium	140		134-144	mmol/L	F	01
Potassium	4.2		3.5-5.2	mmol/L	F	01
Chloride	102		96-106	mmol/L	F	01
Carbon Dioxide, Total	27		20-29	mmol/L	F	01
Calcium	9.3		8.7-10.2	mg/dL	F	01
Protein, Total	6.8		6.0-8.5	g/dL	F	01
Albumin	4.3		4.0-5.0	g/dL	F	01
Globulin, Total	2.5		1.5-4.5	g/dL	F	01
A/G Ratio	1.7		1.2-2.2		F	01
Bilirubin, Total	0.7		0.0-1.2	mg/dL	F	01
Alkaline Phosphatase	45		39-117	IU/L	F	01
AST (SGOT)	19		0-40	IU/L	F	01
ALT (SGPT)	34		0-44	IU/L	F	01

## Lipid Panel

Test	Result	Abnormal	Reference	Units	Status	Lab
Cholesterol, Total	152		100-199	mg/dL	F	01
Triglycerides		151 H	0-149	mg/dL	F	01
HDL Cholesterol		39 L	>39	mg/dL	F	01
VLDL Cholesterol Cal	30		5-40	mg/dL	F	01
LDL Cholesterol Calc	83		0-99	mg/dL	F	01
Comment:					F	01

## TSH

Test	Result	Abnormal	Reference	Units	Status	Lab
TSH	0.622		0.450-4.500	uIU/mL	F	01

## PERFORMING LAB

01 - LabCorp Dallas, 7777 Forest Ln Bldg C350, DallasTX, 752302544 9725986000, MD, Etufugh, CN MD,

L = BELOW LOW NORMAL | LL = ALERT LOW | H = ABOVE HIGH NORMAL | HH = ALERT HIGH | < = PANIC LOW | > = PANIC HIGH | A = ABNORMAL |  
AA = CRITICAL ABNORMAL | S = SUSCEPTIBLE | R = RESISTANT | I = INTERMEDIATE | NEG = NEGATIVE | POS = POSITIVE



**Hematologic:**

NO ANSWER PROVIDED

**Additional Comments on Hematologic Review:**

NO ANSWER PROVIDED

**Endocrine:**

NO ANSWER PROVIDED

**Additional Comments on Endocrine Review:**

NO ANSWER PROVIDED

**Objective**

**Did patient refuse vitals:**

☒ No vitals Refused

**Vital Signs**

**Pulse Rate:**

87

**Blood Pressure:**

123/83

**O2 Sat:**

96

**Respiratory Rate:**

18

**Weight:**

275

**Temperature:**

97.5

**BP Recheck (if needed)**

**Blood Pressure Recheck #1:**

NO ANSWER PROVIDED

**Time of Recheck #1:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #2:**

NO ANSWER PROVIDED

**Time of Recheck #2:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #3:**

NO ANSWER PROVIDED

**Time of Recheck #3:**

NO ANSWER PROVIDED

**Height:**

5-10

**BMI:**

39.45

Foot Exam every 3 months if abnormal

**Diabetes Comprehensive Foot Exam:**

☒ Foot Exam not needed at this time (already scheduled for exam)

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE on 02/02/2021 18:01:23

**Treatment Goal if BP greater than 140/90:**

NO ANSWER PROVIDED

**Plan**

**Diabetes Plan:**

take medications as prescribed  
increase activity  
increase water intake  
decrease processed food intake  
decrease coffee and tea intake  
patient educated on medication compliance  
rtc with questions or concerns

**HTN/Cardiac Plan:**

take medications as prescribed  
increase activity  
increase water intake  
decrease processed food intake  
decrease coffee and tea intake  
patient educated on medication compliance  
rtc with questions or concerns

**Medication:**

NO ANSWER PROVIDED

**Vital(s)/Treatment(s) being ordered:**

☒ No

**Order Labs:**

☒ No

**Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):**

☒ Yes

**Order Immunization(s):**

☒ No

**Order Outside Referrals/Consults:**

☒ No

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE on 02/02/2021  
18:01:23



**Chronic Care Clinic**

**Date:**  
11/11/2020

**Did patient refuse or not show up for Chronic Clinic appointment:**

☒ Patient is Present

**Type(s) of Chronic Care Clinic(s):**

☒ Diabetes ☒ HTN/Cardiac

**Type of Diabetes:**

☒ Non Insulin Dependent (NIDDM)

**Diabetes Severity:**

☒ Mild

**Allergies:**

NO KNOWN DRUG ALLERGY

**Current Medications:**

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2020-02-08--2021-02-06  
LISINAPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06  
METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06

**Additional Information:**

NO ANSWER PROVIDED

**Subjective**

**History of Present Illness/Innesses:**

The patient presents to the CCC for routine check up on dm and htn. He reports medication compliance and denies unwanted side effects. Denies regular exercise, has good water intake and attempts to watch what he eats. Denies questions or concerns at this time.

**Review of Systems**

**General:**

☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change

**Additional Comments on General Review:**

NO ANSWER PROVIDED

**Skin:**

☒ No Dryness ☒ No Ulcer ☒ No Rash ☒ No Itching ☒ No Skin Breaks

**Additional Comments on Skin Review:**

NO ANSWER PROVIDED

**Eyes:**

NO ANSWER PROVIDED

**Chronic Care Clinic**  
Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO  
**Patient Number:** 33922-479  
**Location:** F04-12L  
**DOB:** 9/25/1973  
**Facility:** GILES W. DALBY CORR FACILITY  
**Electronically Signed By** URBINA, JENNIFER MARIE **on** 11/11/2020 16:12:33

**Additional Comments on Neurologic Review:**

NO ANSWER PROVIDED

**Hematologic:**

NO ANSWER PROVIDED

**Additional Comments on Hematologic Review:**

NO ANSWER PROVIDED

**Endocrine:**

NO ANSWER PROVIDED

**Additional Comments on Endocrine Review:**

NO ANSWER PROVIDED

**Objective**

**Did patient refuse vitals:**

☒ No vitals Refused

**Vital Signs**

**Pulse Rate:**

91

**Blood Pressure:**

113/71

**O2 Sat:**

99

**Respiratory Rate:**

20

**Weight:**

266

**Temperature:**

96.8

**BP Recheck (if needed)**

**Blood Pressure Recheck #1:**

NO ANSWER PROVIDED

**Time of Recheck #1:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #2:**

NO ANSWER PROVIDED

**Time of Recheck #2:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #3:**

NO ANSWER PROVIDED

**Time of Recheck #3:**

NO ANSWER PROVIDED

**Height:**

5-10

**BMI:**

38.16

Foot Exam every 3 months if abnormal

**Diabetes Comprehensive Foot Exam:**

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE **on** 08/19/2020 18:19:24

**Clinical Status of HTN/Cardiac:**

☒ Stable

**Treatment Goal if BP greater than 140/90:**

NO ANSWER PROVIDED

**Plan**

**Diabetes Plan:**

Continue current medication regimen

increase activity as tolerated

decrease process food intake

rtc with questions or concerns

recheck a1c in 90 days

**HTN/Cardiac Plan:**

no changes at this time to regimen

increase fluid intake

Otitis media- augmentin orally bid for 10 days

neck and back pain- xray friday and toradol shot today in clinic

**Medication:**

☒ New Medication

**Specify new/changed/renewed medication(s):**

AMOX/CLAV 875MG/125MG TAB (AUGMENTIN) -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] - (8/19/2020 - 9/2/2020)

CARBAMIDE PERX 6.5% OTIC (DEBROX) -- [INSTILL 3 DROP(S) INTO EACH EAR IN THE EVENING (TX)] - (8/20/2020 - 8/24/2020)

KETOROLAC 60MG/2ML SYRING (TORADOL IM) -- [INJECT 60 MILLIGRAM(S) INTRA-MUSCULARLY ONCE DAILY (TX)] - (8/19/2020 - 8/20/2020)

**Vital(s)/Treatment(s) being ordered:**

☒ Yes

**Specify treatment order(s):**

ear wax debridement for 5 days starting 08/20/20

**Order Labs:**

☒ Yes

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE on 08/19/2020  
18:19:24

**Psychological:**

NO ANSWER PROVIDED

**Other:**

NO ANSWER PROVIDED

**Additional Findings:**

NO ANSWER PROVIDED

**Current Medications:**

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2020-02-08--2021-02-06  
LISINAPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06  
METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06

**Assessment**

**Assessment (Diagnosis):**

DM2 is well controlled with no more episodes of hypoglycemia since last visit

**Plan**

**Plan:**

Continue Metformin at current dose in combination with diet and exercise, may continue to come for sugar checks BID

**Follow-up:**

☒ No Follow-up needed

**Medication:**

NO ANSWER PROVIDED

**Vital(s)/Treatment(s) being ordered:**

NO ANSWER PROVIDED

**Order Labs:**

NO ANSWER PROVIDED

**Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):**

NO ANSWER PROVIDED

**Order Immunization(s):**

NO ANSWER PROVIDED

**Order Outside Referrals/Consults:**

NO ANSWER PROVIDED

**Education**

**Education Provided:**

☒ Diet ☒ Diet, Weight Loss, Exercise ☒ Medication ☒ Disease Process ☒ Risk Factors and Reducers

**Provider Progress/Narrative Note**

SOAP note Providers

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** REDDICK, JACOB on 05/21/2020 09:14:38

Chronic Care Clinic

Date:  
04/27/2020

Did patient refuse or not show up for Chronic Clinic appointment:  
☒ Patient is Present

Type(s) of Chronic Care Clinic(s):

☒ Diabetes ☒ HTN/Cardiac

Type of Diabetes:

☒ Non Insulin Dependent (NIDDM)

Diabetes Severity:

☒ Mild

Allergies:

NO KNOWN DRUG ALLERGY

Current Medications:

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2020-02-08--2021-02-06  
LISINAPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06  
METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2020-02-08--2021-02-06

Additional Information:

NO ANSWER PROVIDED

Subjective

History of Present Illness/Ilnesses:

Routine CCC for DM2. He reports concerns that he may be having low sugars. He describes episodes of dizziness fatigue, shakiness that occurs if he goes more than a few hours w/o eating. The symptoms resolve with eating.

Review of Systems

General:

☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change

Additional Comments on General Review:

NO ANSWER PROVIDED

Skin:

☒ No Dryness ☒ No Ulcer ☒ No Rash ☒ No Itching ☒ No Skin Breaks

Additional Comments on Skin Review:

NO ANSWER PROVIDED

Eyes:

NO ANSWER PROVIDED

Chronic Care Clinic  
Combined Chronic Care Clinic form.

Patient Name: MUNGUIA, URBISIO  
Patient Number: 33922-479  
Location: F04-12L  
DOB: 9/25/1973  
Facility: GILES W. DALBY CORR FACILITY  
Electronically Signed By REDDICK, JACOB on 04/28/2020 06:04:20

NO ANSWER PROVIDED

NO ANSWER PROVIDED

NO ANSWER PROVIDED

NO ANSWER PROVIDED

**Did patient refuse vitals:**

97.5

NO ANSWER PROVIDED.

5-10

38.74

## Diabetes Comprehensive Foot Exam

3 of 9

## Chronic Care Clinic

**Date:**

02/06/2020

**Did patient refuse or not show up for Chronic Clinic appointment:**

☒ Patient is Present

**Type(s) of Chronic Care Clinic(s):**

☒ Diabetes ☒ HTN/Cardiac

**Type of Diabetes:**

☒ Non Insulin Dependent (NIDDM)

**Diabetes Severity:**

☒ Mild

**Allergies:**

NO KNOWN DRUG ALLERGY

**Current Medications:**

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2019-11-14--2020-05-03  
LISINAPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2019-11-14--2020-05-03  
METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2019-11-14--2020-05-03

**Additional Information:**

NO ANSWER PROVIDED

## Subjective

**History of Present Illness/Innesses:**

Here for f/u of HTN and DM2. He reports compliance with meds and denies unwanted side effects.

## Review of Systems

**General:**

☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change

**Additional Comments on General Review:**

NO ANSWER PROVIDED

**Skin:**

NO ANSWER PROVIDED

**Additional Comments on Skin Review:**

NO ANSWER PROVIDED

**Eyes:**

NO ANSWER PROVIDED

**Additional Comments on Eyes Review:**

## **Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** REDDICK, JACOB on 02/06/2020 16:41:56



NO ANSWER PROVIDED

**Additional Comments on Hematologic Review:**

NO ANSWER PROVIDED

**Endocrine:**

NO ANSWER PROVIDED

**Additional Comments on Endocrine Review:**

NO ANSWER PROVIDED

**Objective**

**Did patient refuse vitals:**

☒ No vitals Refused

**Vital Signs**

**Pulse Rate:**

74

**Blood Pressure:**

110/76

**O2 Sat:**

97

**Respiratory Rate:**

20

**Weight:**

266

**Temperature:**

98.6

**BP Recheck (if needed)**

**Blood Pressure Recheck #1:**

NO ANSWER PROVIDED

**Time of Recheck #1:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #2:**

NO ANSWER PROVIDED

**Time of Recheck #2:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #3:**

NO ANSWER PROVIDED

**Time of Recheck #3:**

NO ANSWER PROVIDED

**Height:**

5-10

**BMI:**

38.74

Foot Exam every 3 months if abnormal

**Diabetes Comprehensive Foot Exam:**

☒ Foot Exam not needed at this time (already scheduled for exam)

**Physical Exam**

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** REDDICK, JACOB on 02/06/2020 16:41:56

NO ANSWER PROVIDED

### Plan

#### **Diabetes Plan:**

Recommended increasing his metformin or adding sulfonurea. He was hesitant to make change for fear of hypoglycemia. Have encouraged to improve diet, increased exercise, and loose weight as an alternative

#### **HTN/Cardiac Plan:**

Continue Lisinopril

#### **Medication:**

NO ANSWER PROVIDED

#### **Vital(s)/Treatment(s) being ordered:**

NO ANSWER PROVIDED

#### **Order Labs:**

☒ Yes

### Labs/Diagnostics

#### **Specify Labs to be Ordered:**

CMP and A1C in 90 days

#### **Order Other Diagnostics (i.e. X-Ray, ECG, Sonogram):**

NO ANSWER PROVIDED

#### **Order Immunization(s):**

NO ANSWER PROVIDED

#### **Order Outside Referrals/Consults:**

NO ANSWER PROVIDED

#### **Next Chronic Clinic Visit:**

☒ Schedule Next Chronic Clinic

#### **Return to Chronic Care Clinic:**

☒ 90 days

#### **Does the patient need any other appointment scheduled:**

NO ANSWER PROVIDED

### Education

#### **Education Provided:**

☒ Diet ☒ Medication ☒ Exercise ☒ Diet/Exercise/Weight ☒ Disease Process ☒ Risk Factors and reducers

### **Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** REDDICK, JACOB on 02/06/2020 16:41:56

☒ +

Monofilament test result at point 5:

☒ +

☒ +

Monofilament test result at point 10:

☒ +

Additional Comment on Monofilament test:

NO ANSWER PROVIDED

Does the patient have any of the following present:

☒ No problems present

Risk Categorization:

☒ 0 - No loss of protective sensation

Height:

5-10

BMI:

38.02

Was patient a smoker:

☒ No

Did patient use Oral Tobacco:

☒ No

### Objective

Did patient refuse vitals:

☒ No vitals Refused

### Vital Signs

Temperature:

98.5

Respiratory Rate:

20

Weight:

265

Pulse Rate:

75

Blood Pressure:

123/77

Did the patient gain or lose weight:

☒ No Change

### Physical Findings

Heart:

☒ No Abnormalities Noted

Extremities:

☒ No Abnormalities Noted

### Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: MUNGUIA, URBISIO

Patient Number: 33922-479

Location: F04-12L

DOB: 9/25/1973

Facility: GILES W. DALBY CORR FACILITY

Electronically Signed By REDDICK, JACOB on 11/06/2019 13:22:21

**HTN/Cardiac Assessment (Diagnosis):**

BP is well controlled, cont lisinopril

**Additional Assessment (Diagnosis):**

NO ANSWER PROVIDED

**Degree of Control for Diabetes:**

☒ Good

**Degree of Control for HTN/Cardiac:**

☒ Good

**Clinical Status of Diabetes:**

☒ Stable

**Clinical Status of HTN/Cardiac:**

☒ Stable

**Treatment Goal if BP greater than 140/90:**

NO ANSWER PROVIDED

**Plan**

**Order Labs/Diagnostics:**

☒ Yes

**Labs/Diagnostics**

**Specify Labs/Diagnostics to be Ordered:**

CBC, CMP, A1C in 90days

**Return to Clinic:**

☒ 60 days

**Does patient need appointment outside of regularly scheduled Chronic Care Clinic visit:**

NO ANSWER PROVIDED

**Referrals/Consults (if applicable):**

NO ANSWER PROVIDED

**Medication:**

☒ Change to medication ☒ Renewal

**Specify new/changed/renewed medication(s):**

LISINOPRIL 20MG TABLET (PRINIVIL) -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] - (11/6/2019 - 5/3/2020)

METFORMIN 500MG TABLET (GLUCOPHAGE) -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] - (11/6/2019 - 5/3/2020)

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUUA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** REDDICK, JACOB on 11/06/2019 13:22:21

## Immunization Consent/Declination

### Vaccines

#### Available Vaccines:

☒ Influenza

CDC VIS

### Influenza

#### Consent of Vaccination

The Seasonal Influenza Vaccination has been fully explained to me by the Medical Department. I understand the benefits and risks associated with the vaccination. Briefly stated, they are:

Benefits: Reduce the risk of acquiring the seasonal flu

Risks - Mild: Redness, soreness, bruising, and/or infection at the injection site may occur

Risks - Severe:

1) Acute allergic reaction would occur within a few minutes of the shot

2) Guillain-Barre Syndrome - progressive muscle weakness and paralysis may occur a week after the vaccine – (occurs no more than 1-2 cases per million persons vaccinated)

**\*Do not get this vaccine if you are allergic to eggs or have had a serious reaction to the seasonal flu vaccine in the past\***

I have been provided an opportunity to ask questions about the disease and the treatment. I understand the risks and benefits of the vaccination. I understand that the vaccination that I am about to receive is a single shot and it will not be fully effective for approximately two weeks. As with all vaccines however, there is no guarantee that I will become immune or that I will not experience side effects. I understand that I should not receive this vaccine if I am allergic to eggs, have had a severe reaction to a previous Influenza vaccine, or am allergic to components of the vaccine.

#### Consent to Influenza Vaccine:

☒ Decline

#### Declination of Vaccination

I understand that I may be at risk of acquiring the Seasonal Flu. I have been given the opportunity to be vaccinated.

If in the future I want to be vaccinated with the refused vaccines, I can receive the vaccination at no charge to me.

#### Interpreter:

☒ No

## Immunization Consent/Declination

MTC - Immunization Consent/Declination

Patient Name: MUNGUIA, URBISIO

Patient Number: 33922-479

Location: F04-12L

DOB: 9/25/1973

Facility: GILES W. DALBY CORR FACILITY

Electronically Signed By JENKINS, DEBRA on 11/01/2019 12:54:57

FEBRERO DE 2021

## CONSENTIMIENTO PARA LA APLICACIÓN DE LA VACUNA CONTRA LA COVID-19 - RECLUSOS

DEPARTAMENTO DE JUSTICIA DE LOS ESTADOS UNIDOS

AGENCIA FEDERAL DE PRISIONES

Se me ha entregado una copia de la ficha informativa de la Autorización de Uso de Emergencia (EUA, Emergency Use Authorization) de la vacuna contra la COVID-19 con fecha 3/19/21. He tenido la oportunidad de hacer preguntas sobre los beneficios y riesgos de la vacuna, incluyendo preguntas respecto de si estoy embarazada, amamantando o tengo un sistema inmunitario debilitado. Accederé a recibir el número correspondiente de dosis de la vacuna tal como sea indicado por su fabricante.

Preguntas relacionadas con la salud antes de la aplicación de la vacuna contra la COVID-19 (marcar "Sí" o "No").

Sí	No	Preguntas relacionadas con la salud
<input type="checkbox"/>	<input checked="" type="checkbox"/>	¿Está enfermo hoy?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	¿Alguna vez ha sufrido algún tipo de alergia grave (anafilaxia, por ejemplo) o una reacción alérgica inmediata de algún tipo ante alguno de los componentes de esta vacuna o a una dosis previa de la misma?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	¿Alguna vez ha tenido alguna reacción alérgica inmediata a otra vacuna o terapia inyectable?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	¿Ha recibido alguna otra vacuna en los últimos 14 días?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	¿Ha recibido terapia de anticuerpos monoclonales contra la COVID-19 en los últimos 90 días?

☒ Doy mi consentimiento para recibir la vacuna contra la COVID-19

Dosis n.º (1 o 2)	Fabricante de la vacuna	Número de lote	Fecha de vencimiento	Ruta	Deltoides
1	Sanofi Biotech	203A21A	7/6/21		<input type="checkbox"/> Izquierdo <input checked="" type="checkbox"/> Derecho
Firma del recluso					Fecha
					APR 08 2021
Firma del administrador					Fecha
					APR 08 2021
Administrado por (nombre/cargo)					
J. REDDICK, MD					

☐ Me niego a recibir la vacuna contra la COVID-19.

Firma del recluso	Fecha
Firma del testigo	Fecha
(EN LETRA DE IMPRENTA) Nombre del testigo	

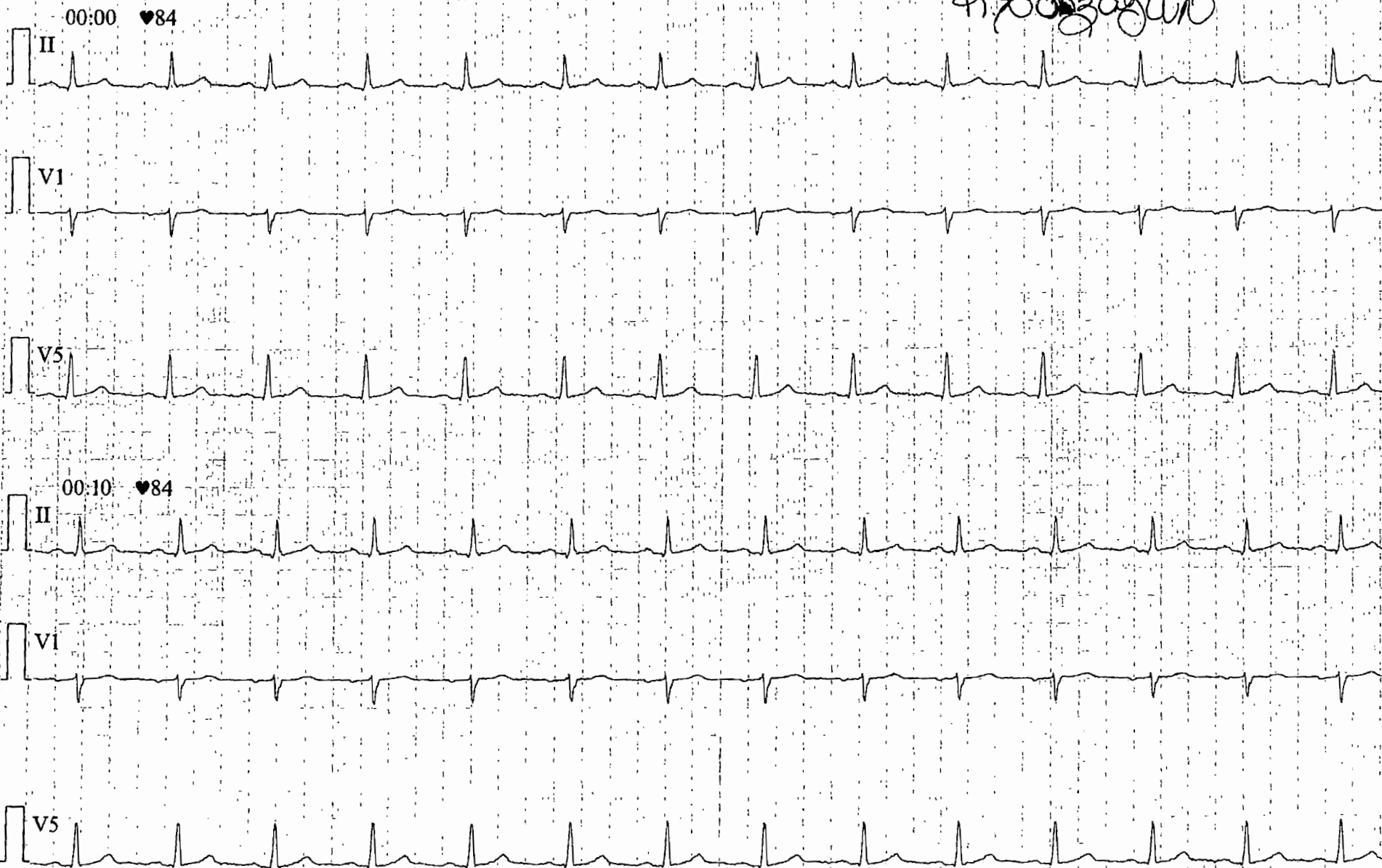
(EN IMPRENTA) Nombre del recluso (apellido, nombre)	Número de registro
Munguia Urhisio	33922-479
Institución	Unidad
GILES W. DALBY CORRECTIONAL FACILITY	
	Asignación de trabajo

DOCUMENT VACCINE ADMINISTRATION IN BEMR FLOW SHEETS  
SCAN VACCINE CONSENT IN BEMR DOCUMENT MANAGER - VACCINATION CONSENT



munigua urbisio Male 47Years

DOB: 9/25/73  
R. Bozorgian







## Patient Report

Specimen ID: 111-163-1984-0  
Control ID: B0100924619

Acct #: 42169880 Phone: (806) 495-4040 Rte: 00  
Giles W. Dalby Correctional  
Facility  
805 N. Avenue F  
Post TX 79356

MUNGUIA, URBISIO



## Patient Details

DOB: 09/25/1973  
Age(y/m/d): 046/06/26  
Gender: M SSN:  
Patient ID: 33922-479

## Specimen Details

Date collected: 04/20/2020 0500 Local  
Date received: 04/21/2020  
Date entered: 04/21/2020  
Date reported: 04/21/2020 0909 ET

## Physician Details

Ordering: J REDDICK  
Referring:  
ID:  
NPI: 1912317587

General Comments & Additional Information  
Alternate Control Number: B0100924619  
Total Volume: Not Provided

Alternate Patient ID: 33922-479  
Fasting: Yes

## Ordered Items

Comp. Metabolic Panel (14); Hemoglobin A1c

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Comp. Metabolic Panel (14)					
Glucose	127	High	mg/dL	65 - 99	01
BUN	16		mg/dL	6 - 24	01
Creatinine	0.99		mg/dL	0.76 - 1.27	01
eGFR If NonAfrican Am	91		mL/min/1.73	>59	
eGFR If African Am	105		mL/min/1.73	>59	
BUN/Creatinine Ratio	16			9 - 20	
Sodium	142		mmol/L	134 - 144	01
Potassium	4.3		mmol/L	3.5 - 5.2	01
Chloride	102		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	20 - 29	01
Calcium	9.3		mg/dL	8.7 - 10.2	01
Protein, Total	6.9		g/dL	6.0 - 8.5	01
Albumin	4.1		g/dL	4.0 - 5.0	01
Globulin, Total	2.8		g/dL	1.5 - 4.5	
A/G Ratio	1.5			1.2 - 2.2	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	50		IU/L	39 - 117	01
AST (SGOT)	15		IU/L	0 - 40	01
ALT (SGPT)	25		IU/L	0 - 44	01

## Hemoglobin A1c

Hemoglobin A1c 7.1 High % 4.8 - 5.6 01

Please Note: 01

Prediabetes: 5.7 - 6.4

Diabetes: &gt;6.4

Glycemic control for adults with diabetes: &lt;7.0

01 DA LabCorp Dallas  
7777 Forest Ln Bldg C350, Dallas, TX 75230-2544

Dir: CN Etufugh, MD

For inquiries, the physician may contact Branch: 972-566-7500 Lab: 972-598-6000

Date Issued: 04/21/20 0915 ET

## FINAL REPORT

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## Patient Report

Specimen ID: 035-163-5535-0  
Control ID: B0098854811

Acct #: 42169880 Phone: (806) 495-4040 Rte: 00  
Giles W. Dalby Correctional  
Facility  
805 N. Avenue F  
Post TX 79356

MUNGUUA, URBISIO



## Patient Details

DOB: 09/25/1973  
Age(y/m/d): 046/04/10  
Gender: M SSN:  
Patient ID: 33922-479

## Specimen Details

Date collected: 02/04/2020 0500 Local  
Date received: 02/05/2020  
Date entered: 02/05/2020  
Date reported: 02/05/2020 0911 ET

## Physician Details

Ordering: J REDDICK  
Referring:  
ID:  
NPI: 1912317587

## General Comments &amp; Additional Information

Alternate Control Number: B0098854811  
Total Volume: Not Provided

Alternate Patient ID: 33922-479  
Fasting: Yes

## Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Hemoglobin A1c

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
CBC With Differential/Platelet						
WBC	10.3		x10E3/uL	3.4 - 10.8		01
RBC	5.10		x10E6/uL	4.14 - 5.80		01
Hemoglobin	14.7		g/dL	13.0 - 17.7		01
Hematocrit	43.9		%	37.5 - 51.0		01
MCV	86		fL	79 - 97		01
MCH	28.8		pg	26.6 - 33.0		01
MCHC	33.5		g/dL	31.5 - 35.7		01
RDW	13.2		%	11.6 - 15.4		01
Platelets	286		x10E3/uL	150 - 450		01
Neutrophils	40		%	Not Estab.		01
Lymphs	46		%	Not Estab.		01
Monocytes	5		%	Not Estab.		01
Eos	8		%	Not Estab.		01
Basos	1		%	Not Estab.		01
Neutrophils (Absolute)	4.1		x10E3/uL	1.4 - 7.0		01
Lymphs (Absolute)	4.9	High	x10E3/uL	0.7 - 3.1		01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 0.9		01
Eos (Absolute)	0.8	High	x10E3/uL	0.0 - 0.4		01
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2		01
Immature Granulocytes	0		%	Not Estab.		01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1		01
Comp. Metabolic Panel (14)						
Glucose	146	High	mg/dL	65 - 99		01
BUN	15		mg/dL	6 - 24		01
Creatinine	1.07		mg/dL	0.76 - 1.27		01
eGFR If NonAfricn Am	83		mL/min/1.73	>59		
eGFR If Africn Am	96		mL/min/1.73	>59		
BUN/Creatinine Ratio	14			9 - 20		

Date Issued: 02/05/20 0931 ET

## FINAL REPORT

Page 1 of 2

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## Patient Report

Patient: MUNGUIA, URBISIO  
DOB: 09/25/1973

Patient ID: 33922-479

Control ID: B0098854811

Specimen ID: 035-163-5535-0  
Date collected: 02/04/2020 0500 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Sodium	141		mmol/L	134 - 144	01
Potassium	5.0		mmol/L	3.5 - 5.2	01
Chloride	101		mmol/L	96 - 106	01
Carbon Dioxide, Total	28		mmol/L	20 - 29	01
Calcium	9.7		mg/dL	8.7 - 10.2	01
Protein, Total	6.8		g/dL	6.0 - 8.5	01
Albumin	4.4		g/dL	4.0 - 5.0	01
**Please note reference interval change**					
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.8			1.2 - 2.2	
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	48		IU/L	39 - 117	01
AST (SGOT)	16		IU/L	0 - 40	01
ALT (SGPT)	23		IU/L	0 - 44	01

## Hemoglobin A1c

Hemoglobin A1c 7.3 High % 4.8 - 5.6 01

Please Note: 01

Prediabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

01 DA LabCorp Dallas  
7777 Forest Ln Bldg C350, Dallas, TX 75230-2544

Dir: CN Etufugh, MD

For inquiries, the physician may contact Branch: 972-566-7500 Lab: 972-598-6000

**Hematologic:**

NO ANSWER PROVIDED

**Additional Comments on Hematologic Review:**

NO ANSWER PROVIDED

**Endocrine:**

NO ANSWER PROVIDED

**Additional Comments on Endocrine Review:**

NO ANSWER PROVIDED

**Objective**

**Did patient refuse vitals:**

☒ No vitals Refused

**Vital Signs**

**Pulse Rate:**

89

**Blood Pressure:**

136/88

**O2 Sat:**

98

**Respiratory Rate:**

18

**Weight:**

266

**Temperature:**

98.2

**BP Recheck (if needed)**

**Blood Pressure Recheck #1:**

NO ANSWER PROVIDED

**Time of Recheck #1:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #2:**

NO ANSWER PROVIDED

**Time of Recheck #2:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #3:**

NO ANSWER PROVIDED

**Time of Recheck #3:**

NO ANSWER PROVIDED

**Height:**

5-10

**BMI:**

39.45

Foot Exam every 3 months if abnormal

**Diabetes Comprehensive Foot Exam:**

☒ Foot Exam not needed at this time (already scheduled for exam)

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE on 04/19/2021 13:16:55

Chronic Care Clinic

**Date:**

04/19/2021

**Did patient refuse or not show up for Chronic Clinic appointment:**

☒ Patient is Present

**Type(s) of Chronic Care Clinic(s):**

☒ Diabetes ☒ HTN/Cardiac

**Type of Diabetes:**

☒ Non Insulin Dependent (NIDDM)

**Diabetes Severity:**

☒ Mild

**Allergies:**

NO KNOWN DRUG ALLERGY

**Current Medications:**

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2021-02-05--2022-02-04  
LISINAPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2021-02-05--2022-02-04  
METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2021-02-05--2022-02-04

**Additional Information:**

NO ANSWER PROVIDED

Subjective

**History of Present Illness/illnesses:**

The patient presents to the CCC for routine check on dm and htn. He reports medication compliance and denies unwanted side effects. Patient attempts to make good meal choices and have good water intake. Denies questions or concerns at this time.

Review of Systems

**General:**

☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change

**Additional Comments on General Review:**

NO ANSWER PROVIDED

**Skin:**

☒ No Dryness ☒ No Ulcer ☒ No Rash ☒ No Itching ☒ No Skin Breaks

**Additional Comments on Skin Review:**

NO ANSWER PROVIDED

**Eyes:**

NO ANSWER PROVIDED

**Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO

**Patient Number:** 33922-479

**Location:** F04-12L

**DOB:** 9/25/1973

**Facility:** GILES W. DALBY CORR FACILITY

**Electronically Signed By** URBINA, JENNIFER MARIE on 04/19/2021 13:16:55

NO ANSWER PROVIDED

**Additional Comments on Hematologic Review:**

NO ANSWER PROVIDED

**Endocrine:**

NO ANSWER PROVIDED

**Additional Comments on Endocrine Review:**

NO ANSWER PROVIDED

**Objective****Did patient refuse vitals:**☒ No vitals Refused**Vital Signs****Pulse Rate:**

81

**Blood Pressure:**

124/87

**O2 Sat:**

98

**Respiratory Rate:**

18

**Weight:**

269

**Temperature:**

97.8

**BP Recheck (if needed)****Blood Pressure Recheck #1:**

NO ANSWER PROVIDED

**Time of Recheck #1:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #2:**

NO ANSWER PROVIDED

**Time of Recheck #2:**

NO ANSWER PROVIDED

**Blood Pressure Recheck #3:**

NO ANSWER PROVIDED

**Time of Recheck #3:**

NO ANSWER PROVIDED

**Height:**

5-10

**BMI:**

38.59

Foot Exam every 3 months if abnormal

**Diabetes Comprehensive Foot Exam:**☒ Complete Foot Exam during Chronic Clinic**Diabetes Comprehensive Foot Exam****History of foot ulcer:****Chronic Care Clinic**

Combined Chronic Care Clinic form.

**Patient Name:** MUNGUIA, URBISIO**Patient Number:** 33922-479**Location:** F04-12L**DOB:** 9/25/1973**Facility:** GILES W. DALBY CORR FACILITY**Electronically Signed By** REDDICK, JACOB **on** 05/13/2021 00:25:28

## Chronic Care Clinic

### Date:

05/13/2021

### Did patient refuse or not show up for Chronic Clinic appointment:

☒ Patient is Present

### Type(s) of Chronic Care Clinic(s):

☒ Diabetes ☒ HTN/Cardiac

#### Type of Diabetes:

☒ Non Insulin Dependent (NIDDM)

#### Diabetes Severity:

☒ Moderate

### Allergies:

NO KNOWN DRUG ALLERGY

### Current Medications:

ASPIRIN 81MG CHEW TAB -- [CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY] -- 2021-05-12--2022-05-11  
LISINAPRIL 20MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2021-05-12--2022-05-11  
METFORMIN 500MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2021-05-12--2022-05-11

### Additional Information:

NO ANSWER PROVIDED

## Subjective

### History of Present Illness/Innesses:

routine CC visit. he reports compliance with medications and denies unwanted side effects.

## Review of Systems

### General:

☒ No Fever ☒ No Weakness ☒ No Fatigue ☒ No Recent Weight Change

### Additional Comments on General Review:

NO ANSWER PROVIDED

### Skin:

NO ANSWER PROVIDED

### Additional Comments on Skin Review:

NO ANSWER PROVIDED

### Eyes:

NO ANSWER PROVIDED

### Additional Comments on Eyes Review:

## Chronic Care Clinic

Combined Chronic Care Clinic form.

Patient Name: MUNGUIA, URBISIO

Patient Number: 33922-479

Location: F04-12L

DOB: 9/25/1973

Facility: GILES W. DALBY CORR FACILITY

Electronically Signed By REDDICK, JACOB on 05/13/2021 00:25:28



Acetaminophen 325mg Tab (TYLENOL)	1/30/2019	2/6/2019	2/6/2019
FLORES, ALEXANDRIA K			
TAKE 2 TABLET(S) ORALLY TWICE DAILY			
Chlorpheniramine 4mg Tab (CHLOR-TRIMETON)	1/30/2019	2/6/2019	2/6/2019
FLORES, ALEXANDRIA K			
TAKE 1 TABLET(S) ORALLY TWICE DAILY			
Banophen 25mg Capsule (BENADRYL)	2/16/2019	2/23/2019	2/23/2019
FLORES, ALEXANDRIA K			
TAKE 2 CAPSULE(S) ORALLY TWICE DAILY			
guaifenesin 200mg Tablet (ORGANIDIN NR)	2/16/2019	2/23/2019	2/23/2019
FLORES, ALEXANDRIA K			
TAKE 2 TABLET(S) ORALLY TWICE DAILY			
Acetaminophen 325mg Tab (TYLENOL)	2/16/2019	2/23/2019	2/23/2019
CORONA, RITA E			
TAKE 2 TABLET(S) ORALLY TWICE DAILY			
Benzonatate 200mg Capsule (TESSALON PERLES)	3/3/2019	4/1/2019	3/28/2019
FLORES, ALEXANDRIA K			
TAKE 1 CAPSULE(S) ORALLY TWICE DAILY AS NEEDED COUGH			
Chlorpheniramine 4mg Tab (CHLOR-TRIMETON)	4/22/2019	4/29/2019	4/29/2019
CORONA, RITA E			
TAKE 1 TABLET(S) ORALLY TWICE DAILY			
Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN) - KOP	5/3/2019	7/31/2019	7/27/2019
CORONA, RITA E			
CHEW AND SWALLOW 1 TABLET(S) ORALLY ONCE DAILY			
Cephalexin 500mg Capsule (KEFLEX)	6/10/2019	6/20/2019	6/19/2019
FLORES, ALEXANDRIA K			
TAKE 2 CAPSULE(S) ORALLY TWICE DAILY			
Chlorpheniramine 4mg Tab (CHLOR-TRIMETON)	6/10/2019	6/16/2019	6/16/2019
FLORES, ALEXANDRIA K			
TAKE 1 TABLET(S) ORALLY TWICE DAILY AS NEEDED			
Acetaminophen 325mg Tab (TYLENOL)	6/10/2019	6/16/2019	6/16/2019
FLORES, ALEXANDRIA K			
TAKE 2 TABLET(S) ORALLY TWICE DAILY AS NEEDED			
Lisinopril 20mg Tablet (PRINIVIL)	6/24/2019	7/24/2019	7/24/2019
CORONA, RITA E			

**EHR Clinical Report**

Facility: TXGW - GILES W. DALBY CORR FACILITY  
 Created By: TAYLOR, MADISON  
 Created On: 05/17/2021 1:49:05 PM